

Now for the first time, you can detect HIV 1+2 in urine and saliva

Wellcome™ HIV 1+2 GACELISA is the first commercially available EIA to detect antibodies to HIV-1 and HIV-2 in urine, saliva and dried blood spots. So you can determine HIV antibody status without having to use invasive sampling methods.

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HIV3

MSSVD

The Medical Society for the Study of Venereal Diseases

President: Dr J R W Harris
St Mary's Hospital, London W2 1NY

The object of the Society is to bring together those interested or engaged in the diagnosis, treatment, and community medical aspects of sexually transmitted diseases. The Society meets regularly in London at the Royal Society of Medicine for the reading of papers, discussions, and presentation of cases. An out-of-London meeting is held in the Spring. Annual subscription for membership of the Society is £50.

Applications for membership are welcome and forms can be obtained from the Honorary Secretary, Dr M J Godley, Florey Unit, Royal Berkshire Hospital, Reading RG1 5AN.

1992 SCIENTIFIC PROGRAMME

at the Royal Society of Medicine,
1 Wimpole Street, London W1M 8AE
6.30 for 7 pm (unless otherwise stated)

Members and Guests welcome

- 14 February 1992 Herpes Simplex Virus Infection**
The sero-epidemiology of herpes simplex virus infections
DR F COWAN, University College and Middlesex School of Medicine, London
Genital herpes in pregnancy
DR G R KINGHORN, Royal Hallamshire Hospital, Sheffield
Acyclovir suppression
DR A MINDEL, University College and Middlesex School of Medicine, London
- 13 March 1992 Rape and Prostitution**
Anthropological perspectives on female prostitution in London
DR S DAY, St Mary's Hospital Medical School, London
Rape in the context of genitourinary medicine
DR S MURPHY, The Central Middlesex Hospital, London
Sexual assault of adult males
DR R HILLMAN, St Mary's Hospital, London
- 24 April 1992 The Harrison Lecture**
to be given by DR J D ORIEL at the Royal College of Physicians, 11 St Andrews Place, Regents Park, London NW1
- 18-21 June 1992 Spring Meeting, Dublin, Eire**
Local Organiser: Dr F Mulcahy

THE UNIVERSITY OF LIVERPOOL

DIPLOMA IN VENEREOLOGY

The full-time three-months course in venereal and sexually transmitted diseases, leading to the diploma in Venereology of the University of Liverpool is held annually from January to March.

The course covers the whole field of sexually transmitted disease including HIV infection and includes lectures and clinical and laboratory instruction.

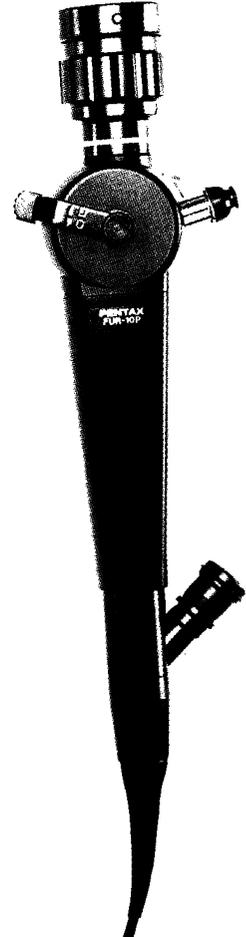
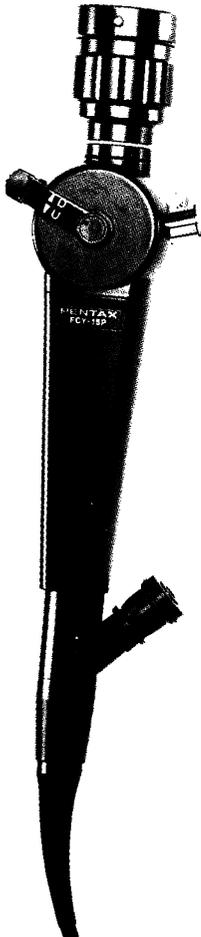
Application forms are available from: Secretary, Department of Genitourinary Medicine, 2nd Floor UCD Building, University of Liverpool, Royal Liverpool Hospital, Prescot Street, Liverpool L7 8XP, and should be returned, duly completed by the end of May for the course which commences the following January.

CONFIDENCE INTERVAL ANALYSIS (CIA)

NOTICE
TO USERS

In version 1.0 of this computer program an error has been discovered in the calculation of Spearman's rank correlation coefficient and its confidence interval. It is hoped that no major misinterpretation of data has resulted. The problem has been corrected in version 1.1 of the program which is now available. Any purchaser of version 1.0 who returns their disk to us at the address below will have it replaced by version 1.1, **free of charge.**

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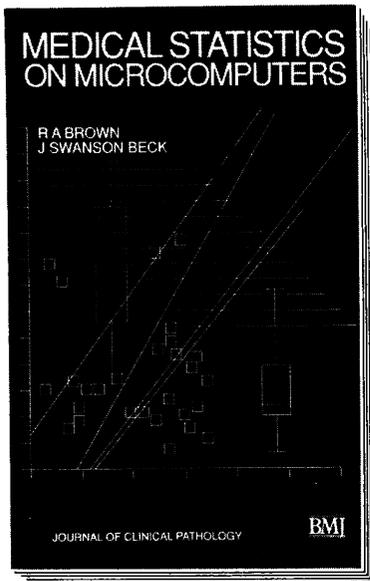
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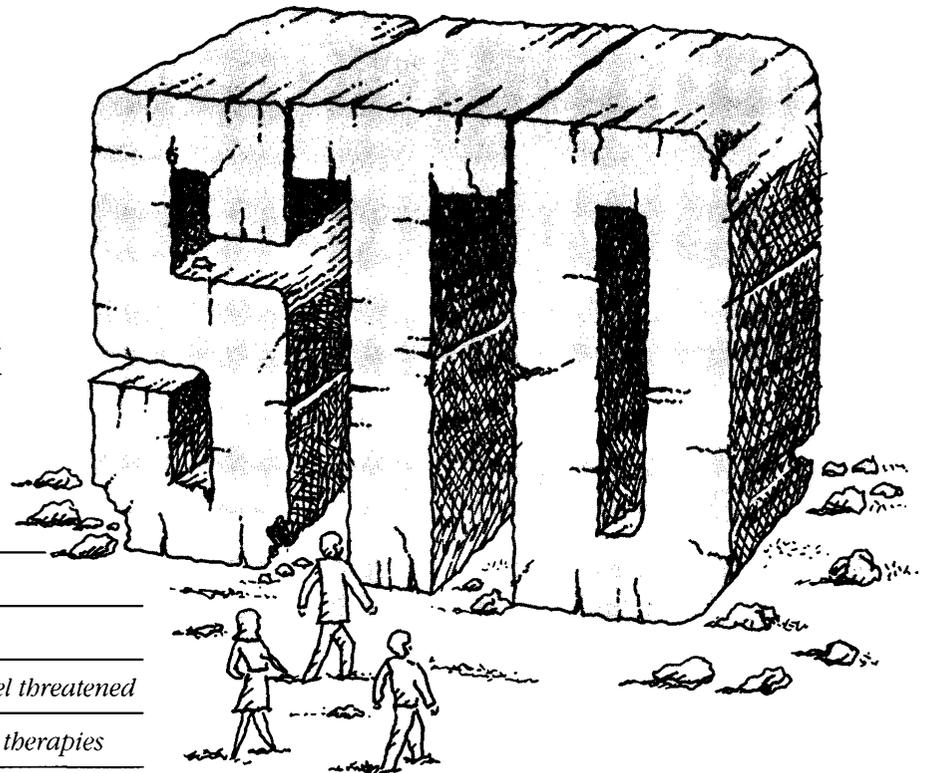
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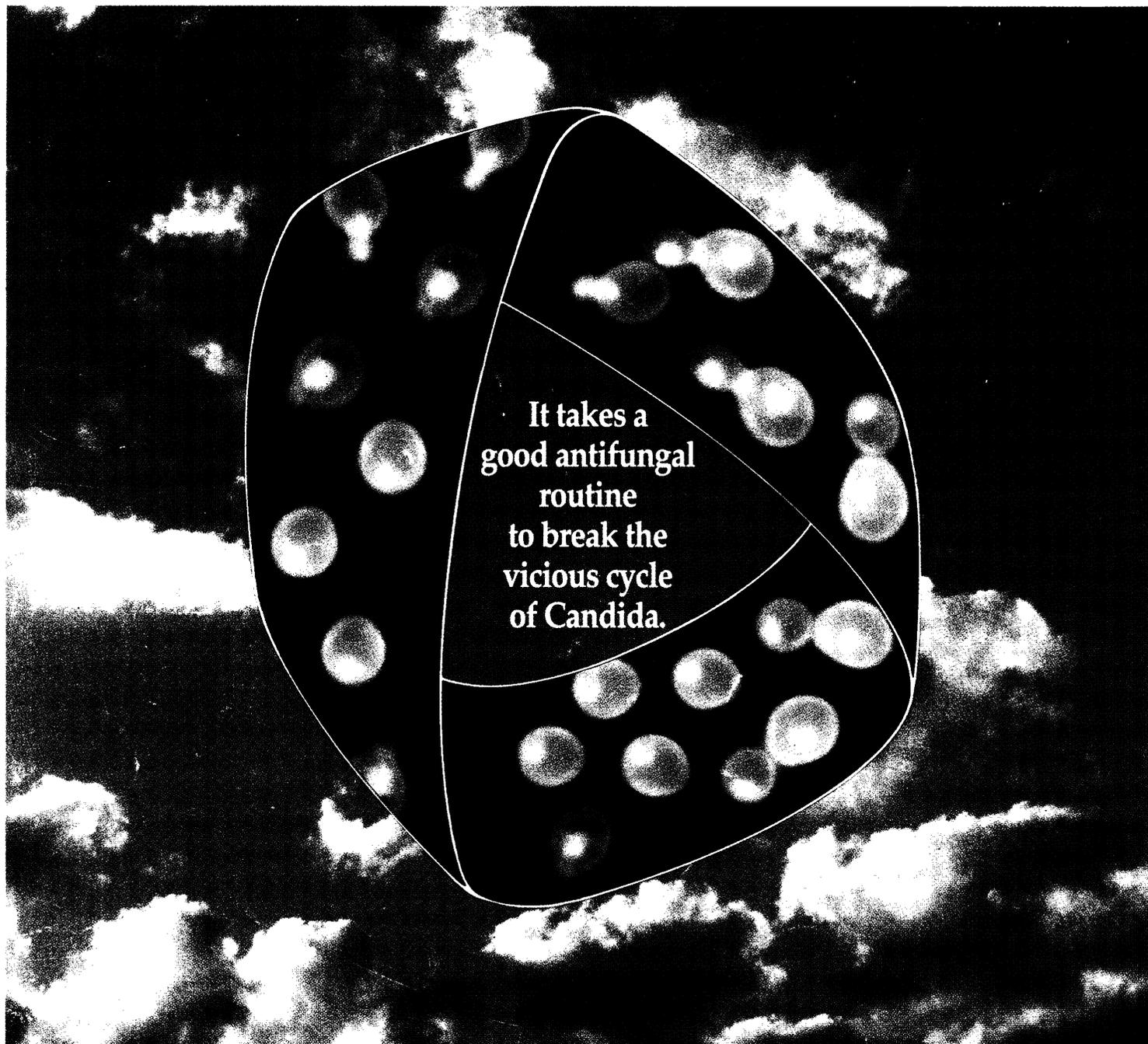


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...and you can rely on *Sexually Transmitted Diseases*

Journal of the American Venereal Disease Association
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Prescribing information *Indications and dosage:* Systemic candidiasis: 400mg on the first day followed by 200-400mg once daily. Cryptococcosis, including meningitis: 400mg on the first day followed by 200-400mg once daily. Maintenance therapy to prevent relapse of cryptococcal meningitis in patients with AIDS: 100-200mg daily. Oropharyngeal candidiasis: 50-100mg once daily for 7-14 days or longer in immunocompromised patients. Other mucosal candidal infections: 50-100mg once daily for 14-30 days. Vaginal candidiasis: single 150mg dose. Prevention of fungal infections in neutropenic patients following cytotoxic chemotherapy or radiotherapy: 50-100mg once daily whilst patients are predisposed to such infections. Use in the elderly - as above except for those renally impaired - see data sheet. Use in children - not recommended. *Administration:* Diflucan may be administered either orally or by intravenous infusion at a rate of approximately 5-10ml/min. The dosages for the two routes are equivalent. *Contra-indications:* Hypersensitivity to fluconazole or related triazoles, pregnancy and women of childbearing potential unless adequate contraception is employed. *Warnings:* Lactation - not recommended. Renal impairment: dosage reduction may be necessary, see data sheet. *Drug interactions:* Monitor patients on concurrent anticoagulants, oral sulphonylureas, phenytoin or cyclosporin, rifampicin or theophylline. *Side-effects:* Nausea, abdominal discomfort, diarrhoea, flatulence and anaphylaxis. *Package Quantities and Basic NHS cost:* 50mg capsule, calendar pack of 7, £16.61 (PL 57/0289); 200mg capsule, calendar pack of 7, £66.42 (PL 57/0317); 150mg capsule, pack of 1, £7.12 (PL 57/0290); Powder for Oral Suspension, 35ml after reconstitution with water: Bottle of 50mg/5ml, £16.61 (PL 57/0343), Bottle of 200mg/5ml, £66.42 (PL 57/0344); Bottles of 25ml and 100ml containing Diflucan 2mg/ml intravenous infusion - 25ml (50mg) bottle, £7.32; 100ml (200mg) bottle, £29.28 (PL 57/0315). Hospital prices are available on request. *References* 1. Data on file, Pfizer Ltd. 2. Brammer, K.W. (1990), *Haematology and Blood Transfusion*, 33, 546-550. 3. Samonis, G. *et al.* (1990), *Reviews of Infectious Diseases*, 12(3), S369-S373. 4. Data on file, Pfizer Ltd. 5. Buxton, M.J. *et al.* (1991), *Journal of Infection*, 23, 17-31. Further information on request. Pfizer Limited, Sandwich, Kent



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